

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/588525

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		1				
5		2				
6		1				
7	1		1			
8		1				
9						
10		1				
11		1				
12	1		1			
13		1				
14		2				
15		2				
16	1		1			
17		1				
18						
19		2				
20		1				
21		1				
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50						
TOTAL IND.			5			
TOTAL DEP.			21			
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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